

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32915

State File No.

Registrar's No.

113

Primary Registration District No.

5646

FILED SEP 16 1943 / 75

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Rural Aurora Imp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME John D Wilson

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Julia Wilson  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased: Aug. 15 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 11 29 hr. min.

9. Birthplace Barry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Samuel Wilson

13. Birthplace ? Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace ? Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr E.C. Wilson

(b) Address Butler Mo.

17. (a) Burial (b) Date thereof 8/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. H. King

(b) Address Aurora Mo.

19. (a) Aug 15 1943 (b) Eunice Burre  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14  
year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from  
April 15 1946 to August 14 1943  
that I last saw him alive on August 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Basal cell carcinoma, multiple, to personal fall and back trouble  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
23. Signature Eunice Burre Date signed Aug 15 1943  
Address Butler Mo.

(Licensed Embalmer's Statement on Reverse Side)

1156

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1943

Embalmer's License No. 6,  
Plate No. 943-1094  
Date filed 9-14-43.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address *Aurora Mo*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.